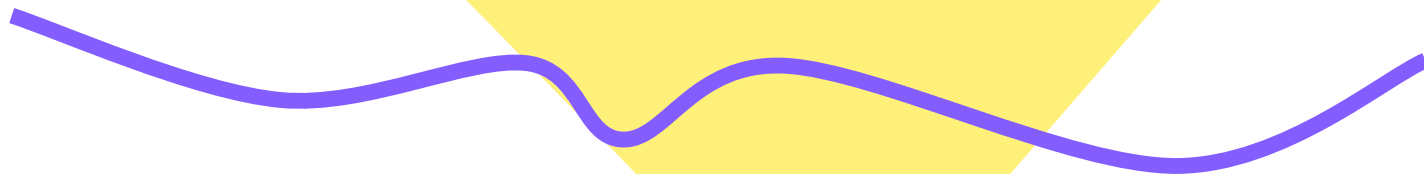


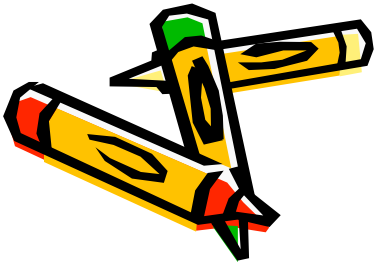
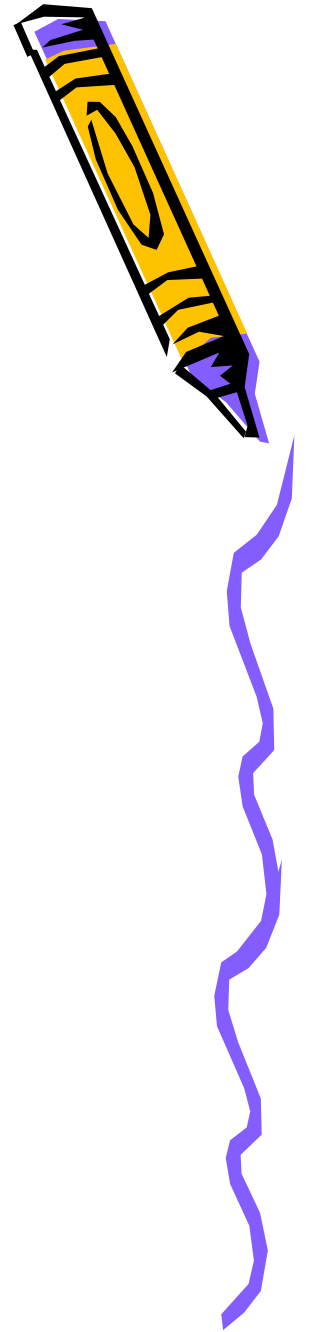


Feeding Frenzy: A Transdisciplinary Approach to Feeding Issues in Infants and Toddlers



Presenters

- Lisa Dittbenner, Occupational Therapist
- Cindy Seidler, Speech and Language Therapist
- Dana Cox, RN, Infant/Toddler Teacher and parent of a child with cerebral palsy



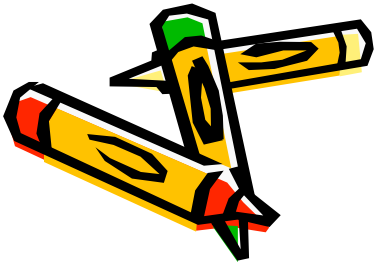
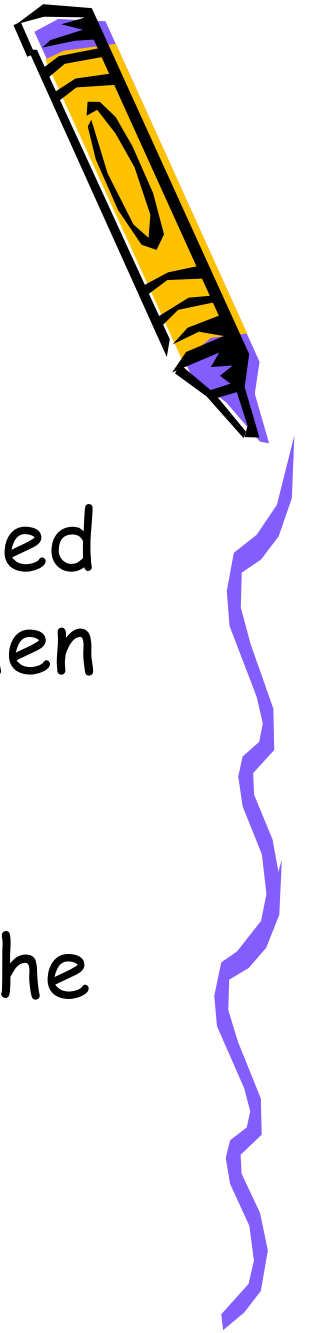
Outcomes of Today's Workshop

- Understand and practice the team approach to addressing feeding issues.
- Recognize basic anatomy, physiology, and terminology related to feeding.
- Become familiar with the four different types of feeding issues.



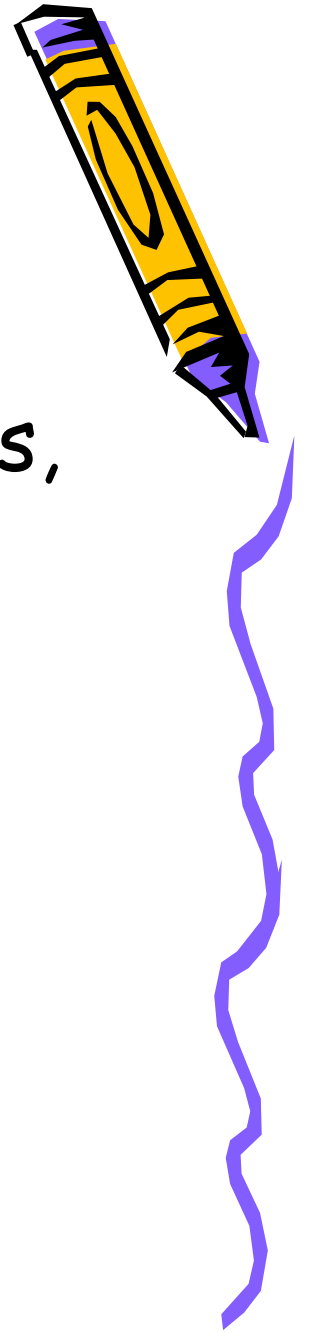
Outcomes of Today's Workshop

- Utilize observation skills and interview techniques to identify "red flags" of feeding and recognize when referral is needed.
- Develop basic strategies for addressing issues and supporting the feeding relationship.



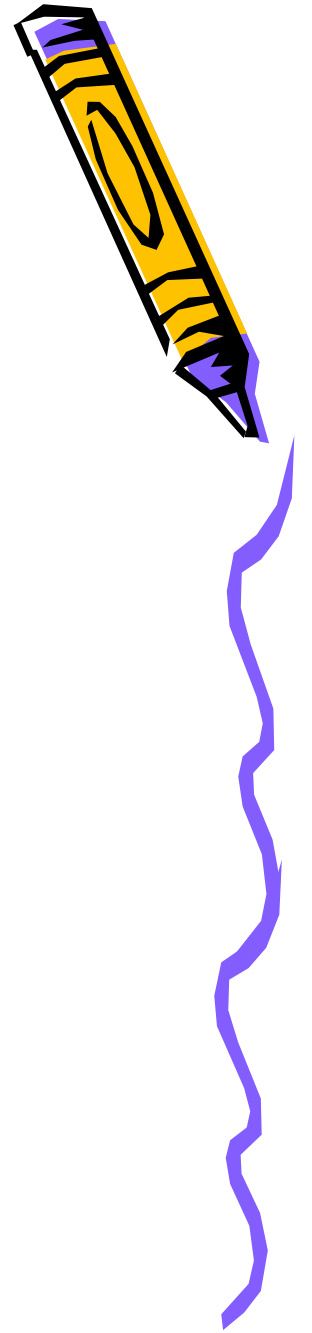
Outcomes of Today's Workshop

- Identify family concerns, priorities, and resources and understand common stressors that families experience.
- Obtain resources for addressing feeding and nutrition issues.



General Roles of the Feeding Team Members

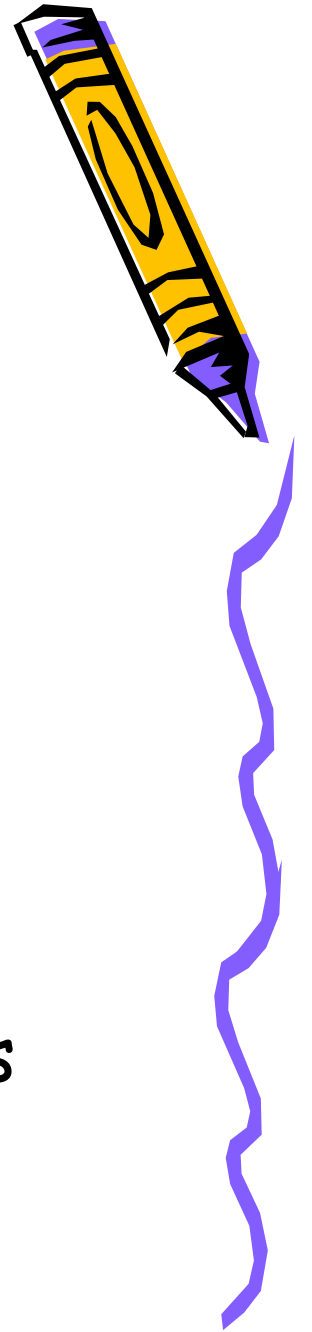
- Family
- Teacher/Infant Development Specialist
- Nurse
- Occupational Therapist
- Speech Therapist
- Medical Specialists
 - Primary Care Physician
 - Pediatric Specialists (ie: Gastroenterologist)
- Registered Dietitian (Nutritionist)



Joys and Challenges of Teaming

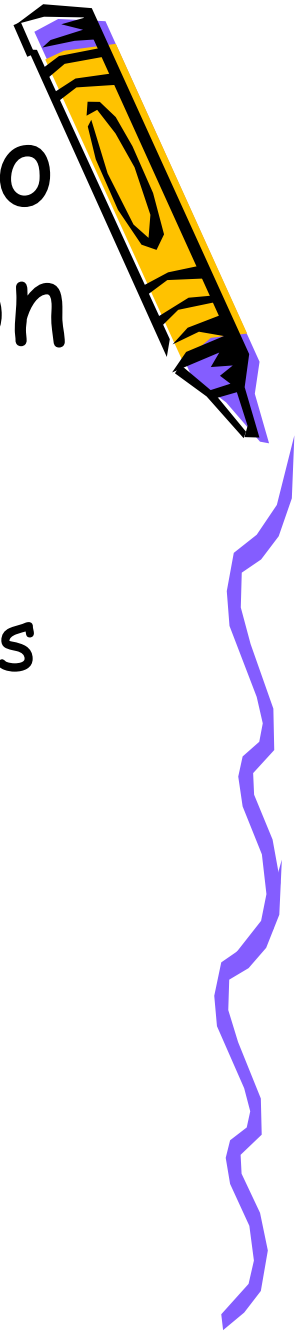
Brainstorm.....

- Sharing team personal and professional strengths, skills and perspectives
- Time for planning and availability of specialists
- Collaboration and communication
- Awareness of how different disciplines categorize and view feeding disorders



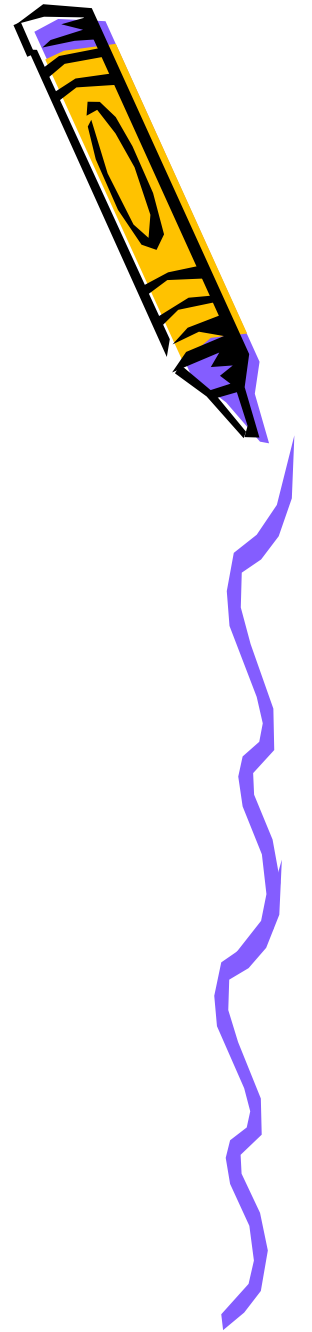
Strength-Based Approach to Assessment and Intervention

- Relationship based
- Identify family concerns, priorities and resources
- Identify family competencies and build upon them?
- Identify stressors



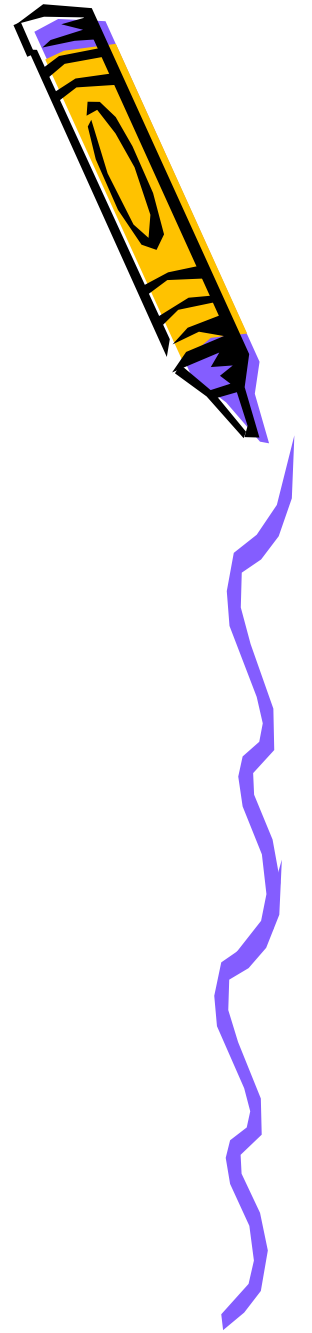
Common Stressors Families Experience

- Lack of confidence in parenting role
- Isolation
- Frustration
- Depression
- Feeling overwhelmed
- Too little or too much "help" from professionals



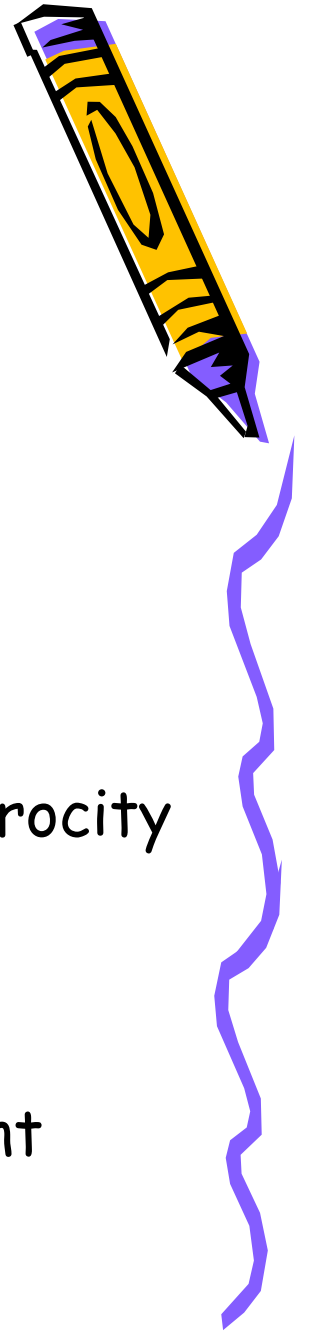
Potential Effects of Feeding Issues in Children

- Stress on the primary parent-infant relationship and family system
- Risk of nutritional deficiency (FTT)
- Slowed growth during rapid brain development
- Speech, language, cognitive and social/emotional issues

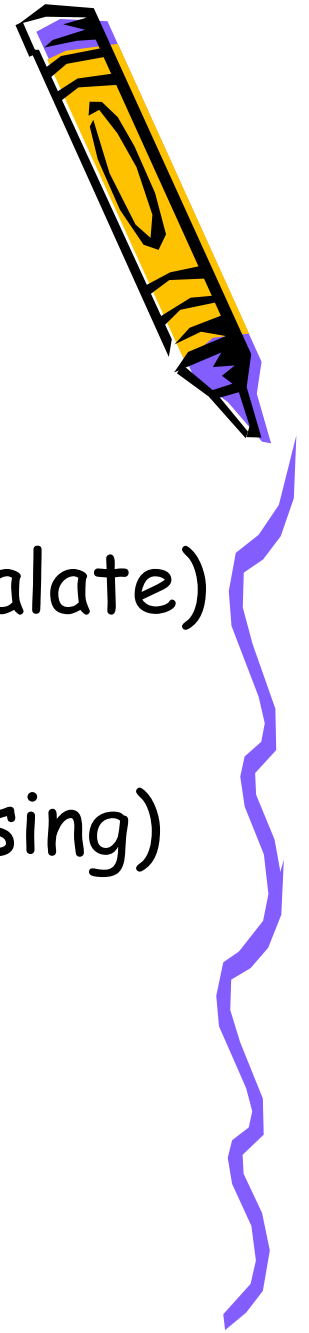


Diagnostic Categories of Feeding Disorders

- 1- Structural Abnormalities
 - 2- Neurodevelopmental
 - 3- Behavioral
- * Feeding Disorder of State Regulation
 - * Feeding Disorder of Caregiver-Infant Reciprocity
 - * Infantile Anorexia
 - * Sensory Food Aversions
 - * Post-traumatic Feeding Disorder
 - * Feeding Disorder Associated with Concurrent Medical Condition



Feeding Issues We Will Explore Today

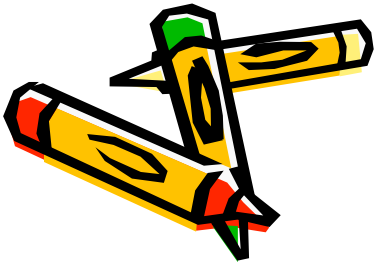
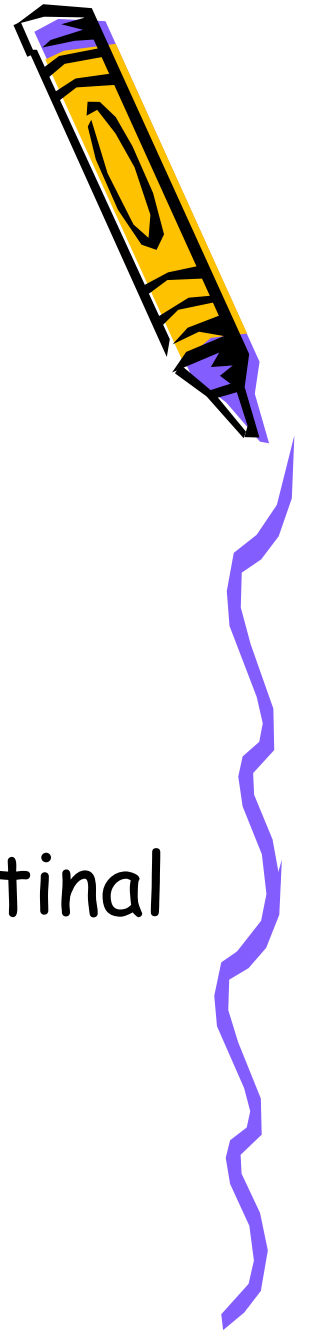


- Structurally-based (ie: cleft lip/ palate)
- Neurologic (ie: motor -based)
- Sensory-based (ie: sensory processing)
- Post-traumatic (ie: behavioral)



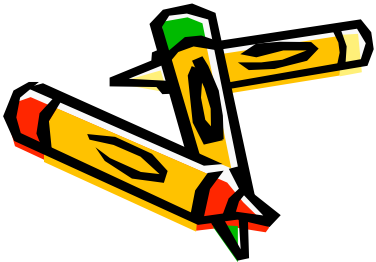
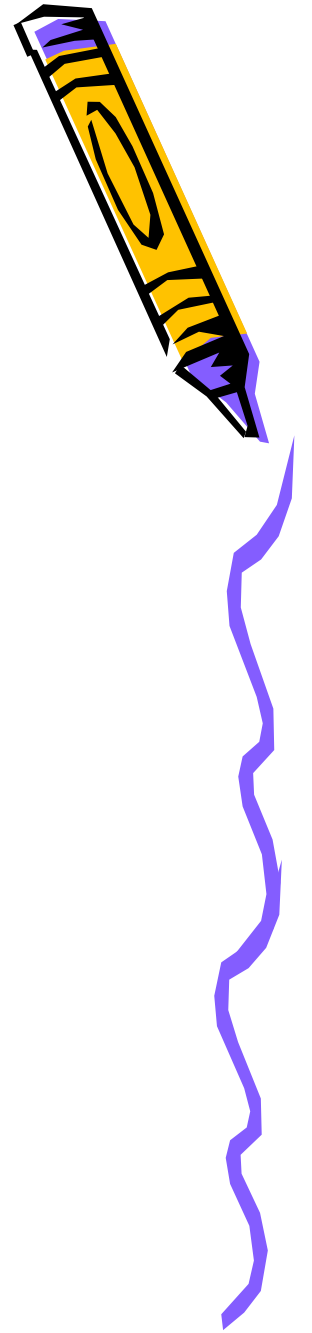
Structurally-Based Feeding Issues

- Cleft lip
- Cleft palate
- Cleft lip/palate
- Malformations of the gastrointestinal system



Neurologic/Motor-Based Feeding Issues

- Associated with decreased or increased muscle tone that interferes with control/rhythm of movement
 - Persistence of primitive patterns
- “Dysfunctional” suck, swallow, and chew mechanisms



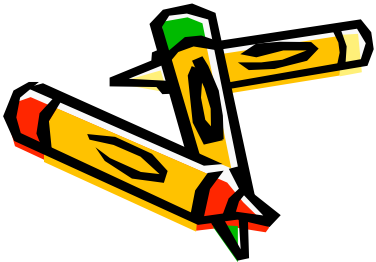
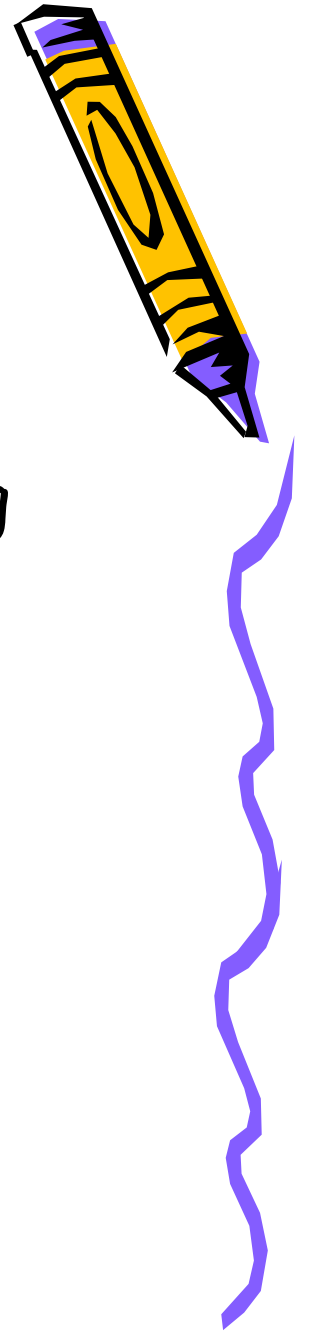
Sensory-Based Feeding Issues



Sensory Processing Issues

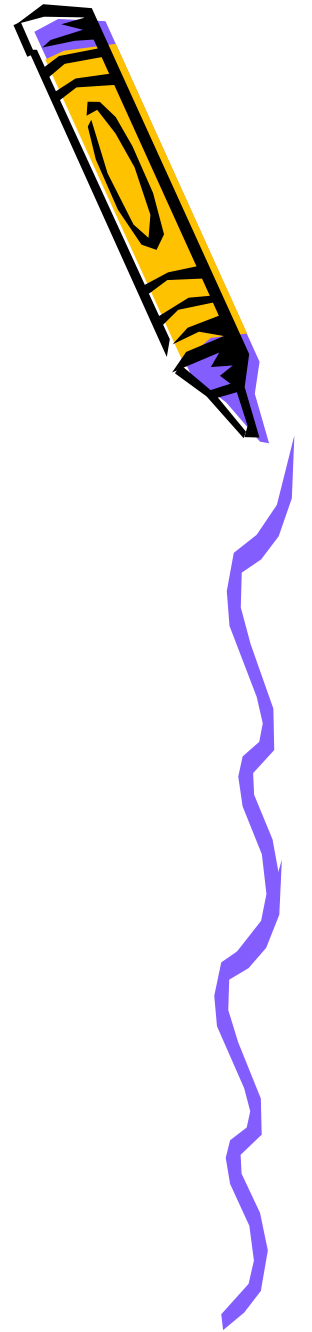
- Hyper or hypo reactive
- Defensive

Autism spectrum



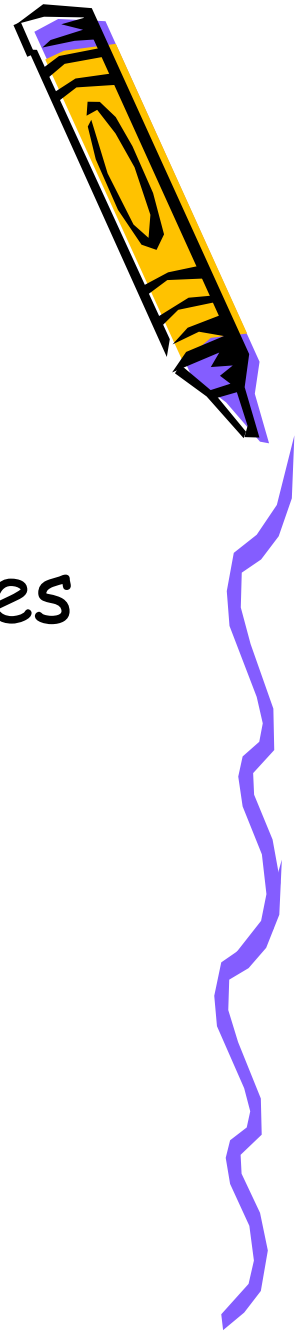
Sensory-Based

- Visual
- Auditory
- Olfactory
- Gustatory
- Tactile
- Proprioceptive



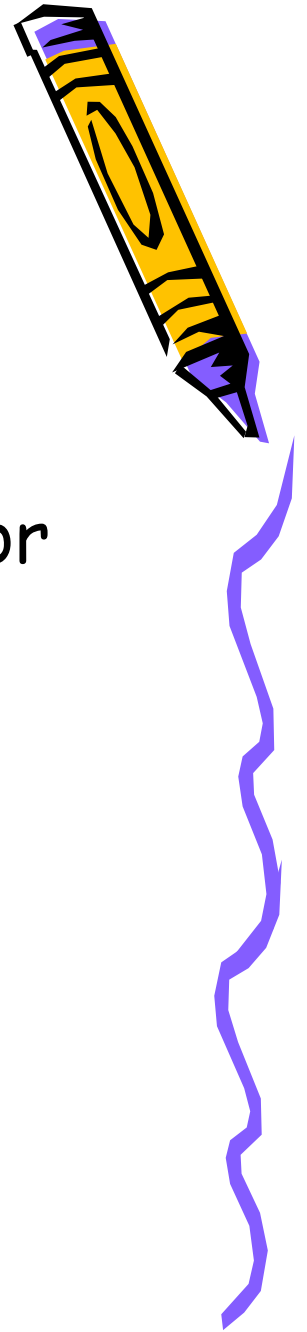
Experientially-Based Feeding Issues

- Behavioral aversion to eating
- Often based on negative experiences with the feeding process—coping mechanism
 - Gastroesophageal reflux
 - History of tube feeding
 - History of “force” feeding



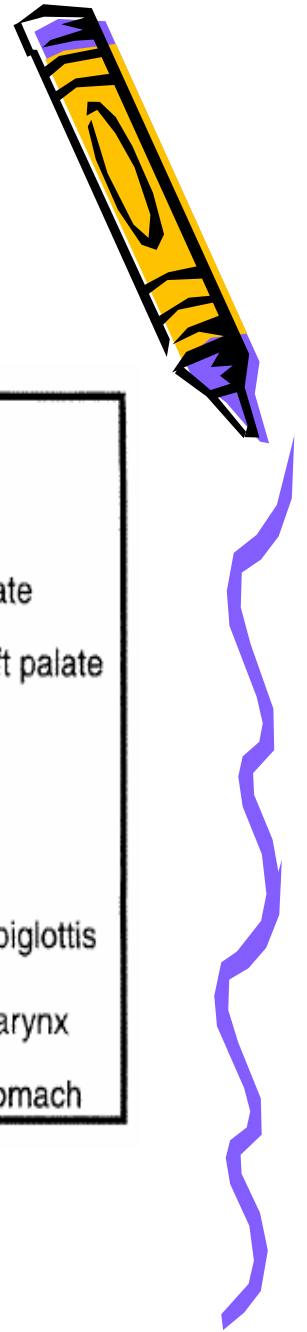
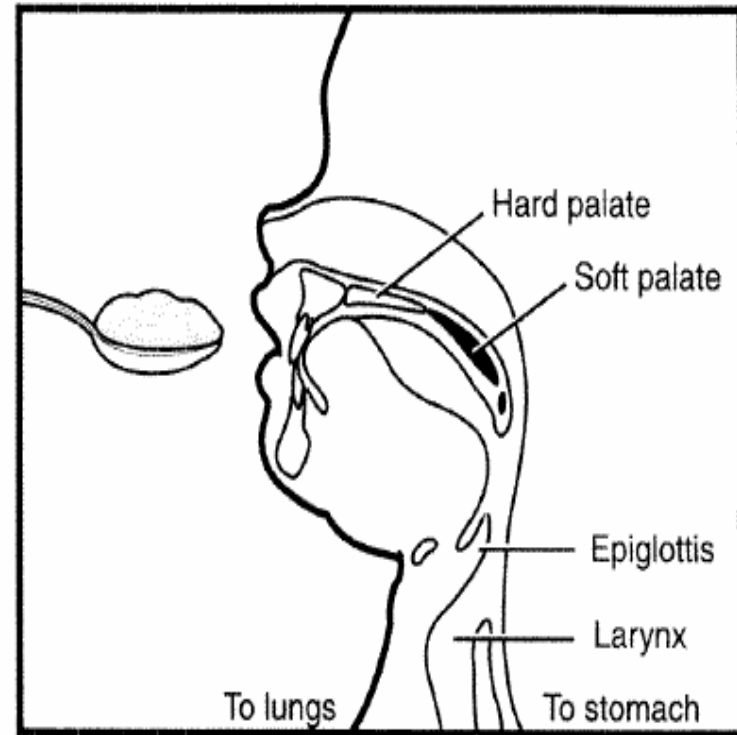
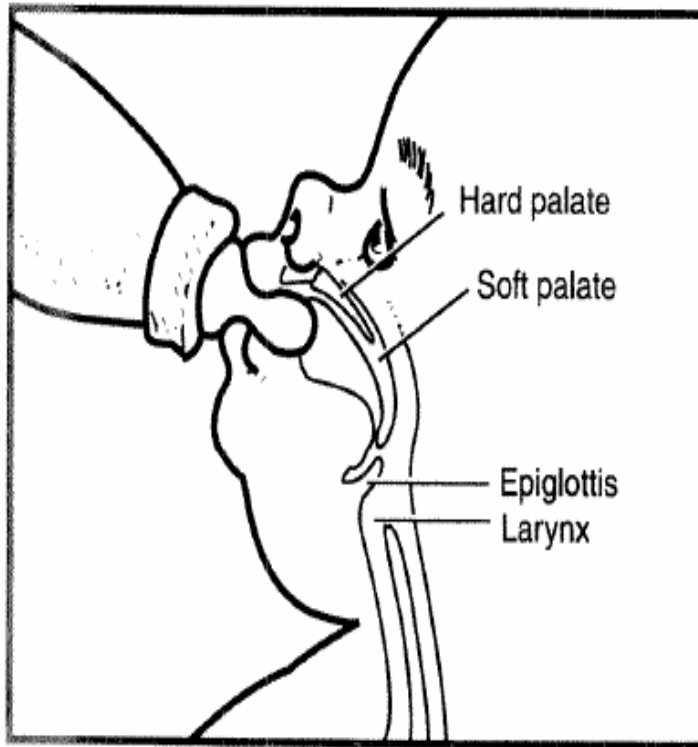
Definitions

- Feeding
 - Process of bringing food from plate or cup to the mouth
- Eating
 - Ability to keep and manipulate food/ fluid in the mouth and swallow it
 - Focus of this presentation



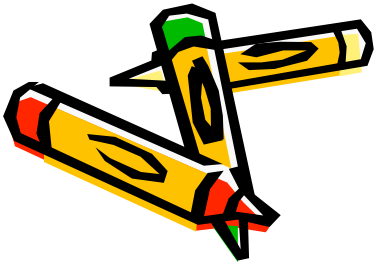
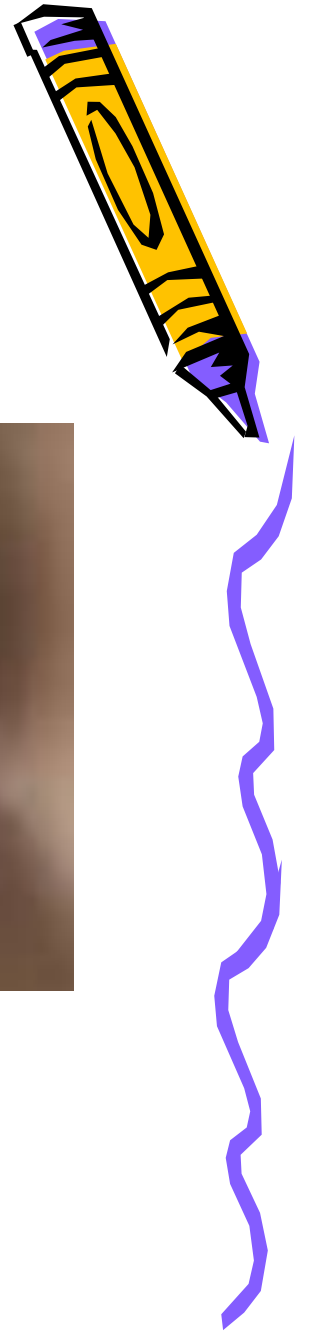
Anatomy

Newborn vs. Child



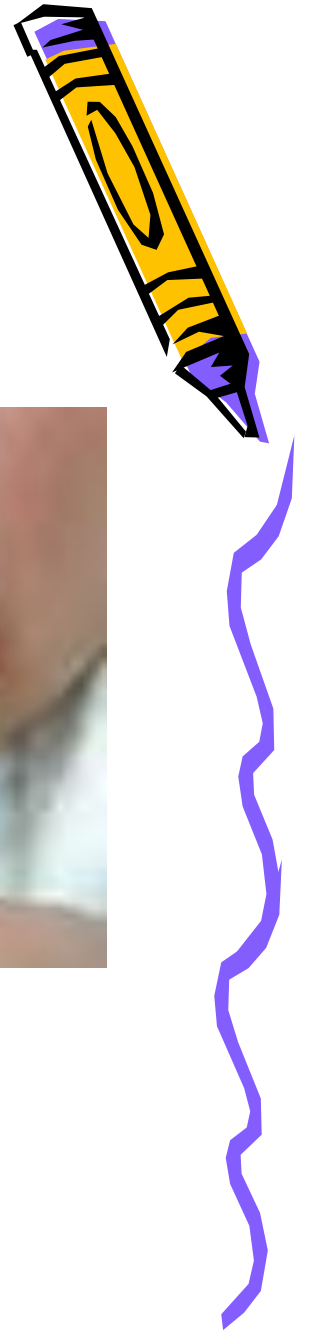
Jaw

- Open
- Close and hold
- Phasic bite
- Munching
- Diagonal rotary chew
- Circular rotary chew



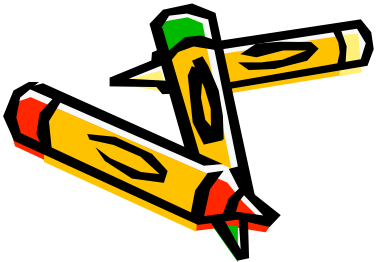
Lips

- Close
- Rounding
- Spreading



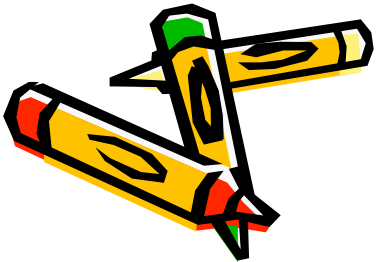
Tongue

- Cupping
- Suckling
- Sucking
- Protrusion
- Retraction
- Lateralization
- Tip elevation/pointing/depression



Cheeks

- Protrusion
- Retraction
- Compression



Stages of Swallowing

Oral Stage

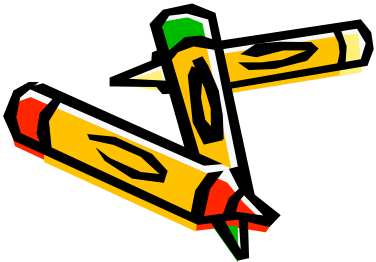
- Food prepared and formed into bolus
- Tongue propels bolus into pharynx with backward movement



Stages of Swallowing

Pharyngeal Stage

- Larynx rises
- Airway closes off



Stages of Swallowing

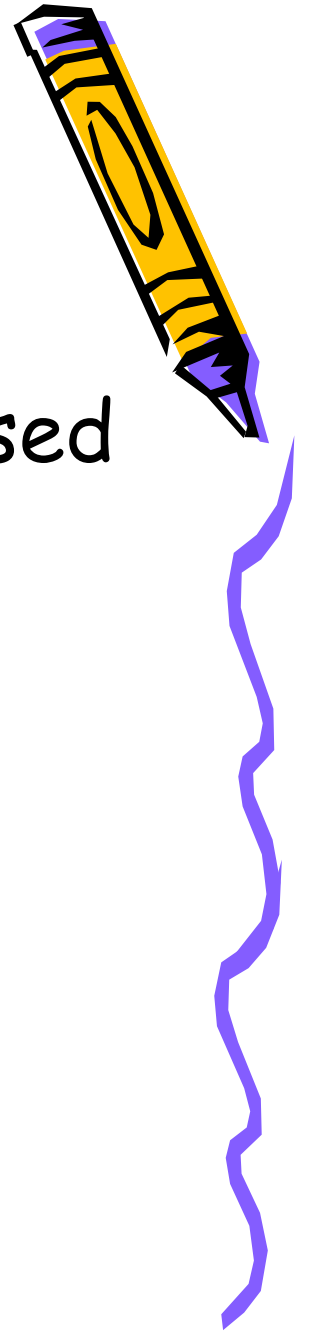
Esophageal Stage

- Bolus propelled into stomach
- Lower esophageal sphincter relaxes to allow food to pass into stomach, then closes



Assessment: Always happening...

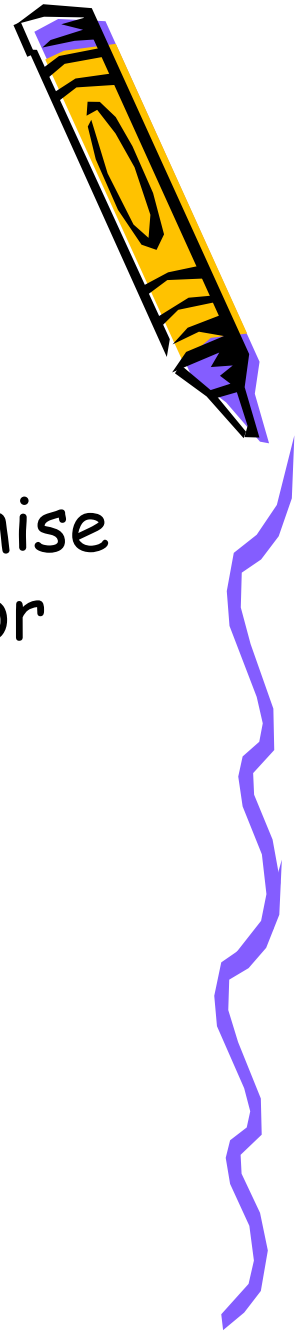
- Leads to specific interventions based on type of feeding issue
- Assessment via: ???
 - Review of records/reports
 - Observation
 - Interview
 - Measurement tools



Assessment

Medical/Health Concerns

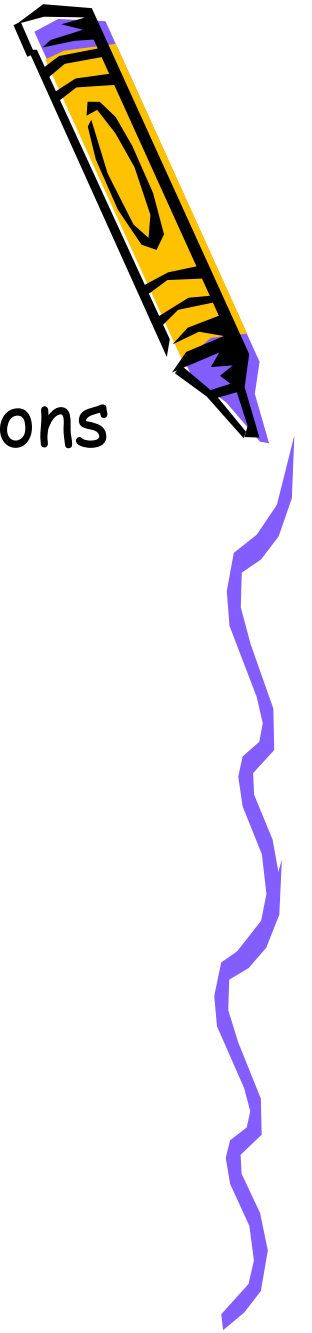
- History of neonatal feeding issues
- History of medical issues that compromise A B Cs (airway, breathing, respiratory or cardiac issues)
- Gastroesophageal reflux, esophageal dysmotility, and/or delayed gastric emptying
- Need for enteral (tube) feedings



Assessment

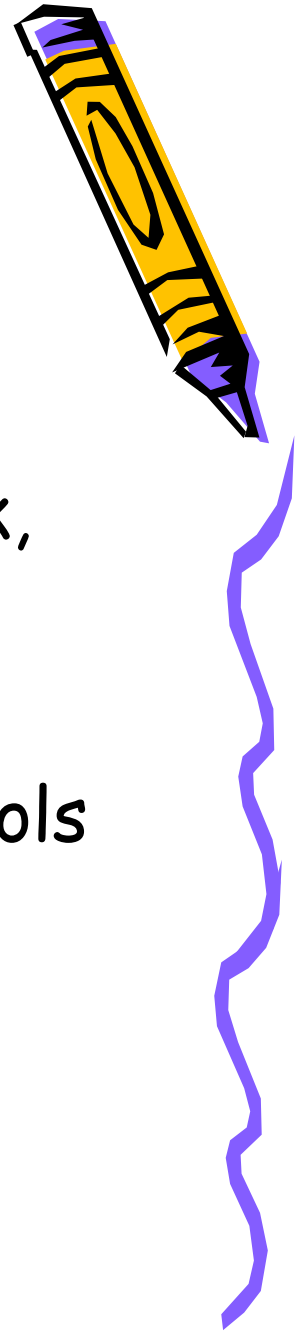
Interview Considerations

- History of prenatal, birth, hospitalizations
- Growth (ht., wt., head size, ht;wt ratio)
- Early feeding history
- Developmental milestones
- Temperament
- Regulation: sleeping, soothing, toileting
- Previous evaluations



Assessment--Interview

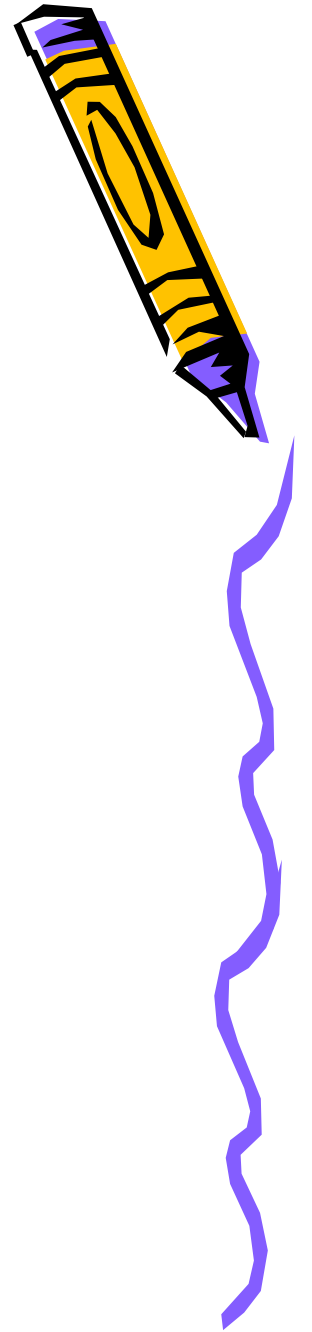
- What does typical feeding session look, feel like?
- Intake and output record/meal diary
- Stool patterns (constipation, loose stools or diarrhea)
- Family allergy history



Assessment

Observation Considerations-- Child

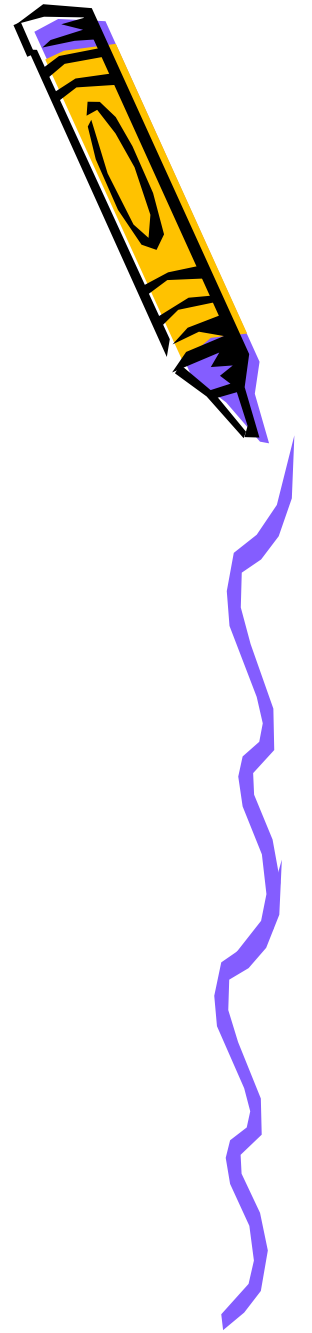
- Cries
- Spits food out of mouth
- Gags, vomits
- Says "no " to food
- Moves head away from bottle or spoon
- Refuses to open mouth
- Puts hands in front of mouth
- Throws food or utensils



Assessment

Observation Considerations-- Caregiver

- Shows awareness of infant's cues and positioning needs
- Prompts and paces child
- Models positive eating behaviors
- Interacts positively during meals
- Reinforces appropriate behavior



Mealtime "Red Flags"

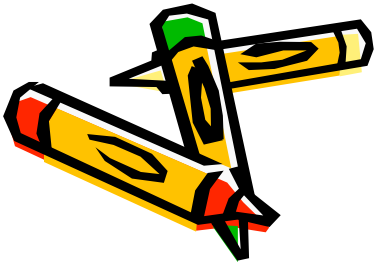
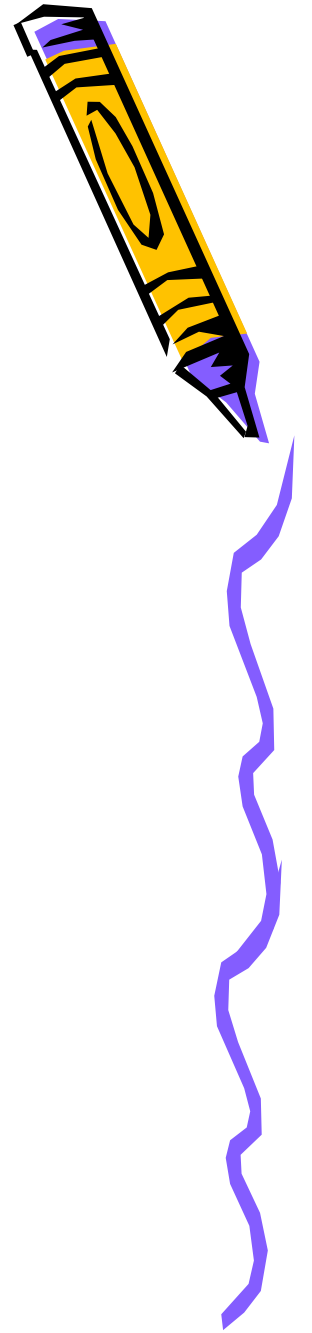
**See Handout

Issues that require further inquiry and or possible referral to medical and feeding specialists



Intervention Elements

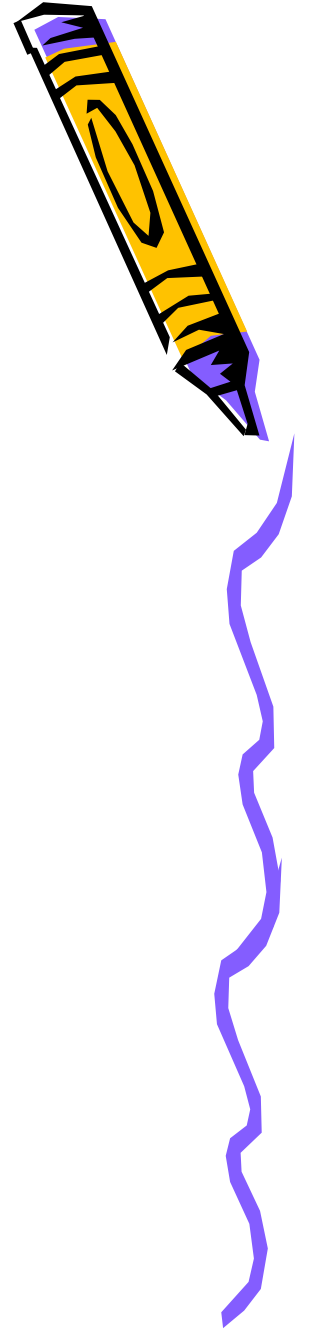
- Establish the "team"
- Set priorities (hierarchy)
- Set goals/outcomes with family



Key Aspects of Intervention

- Minimizing negative medical influences
- Ensure proper positioning
- Facilitate oral-motor functioning
- Improve mealtime environment
- Promote appetite
- Use alternative methods of feeding

» From Children with Disabilities (Batshaw)



Positioning

- Provide adequate support at child's feet, pelvis, trunk, shoulder girdle, and head

This



Positioning

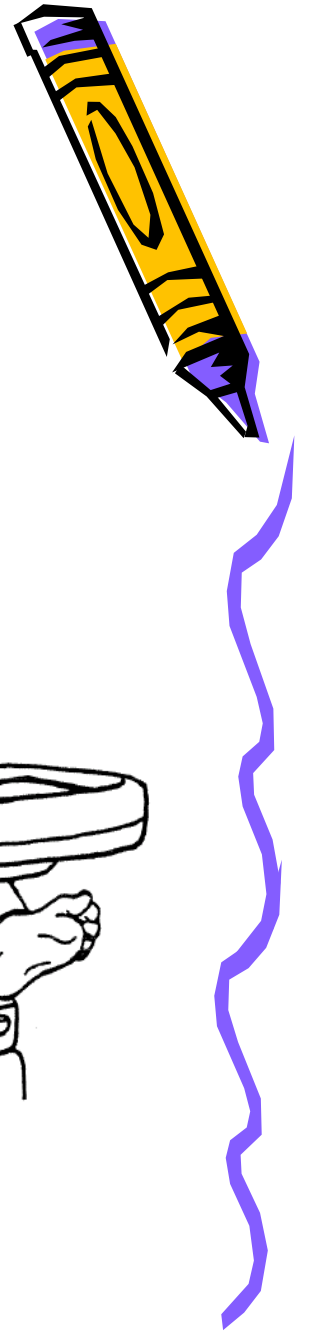
With roll



With pillow

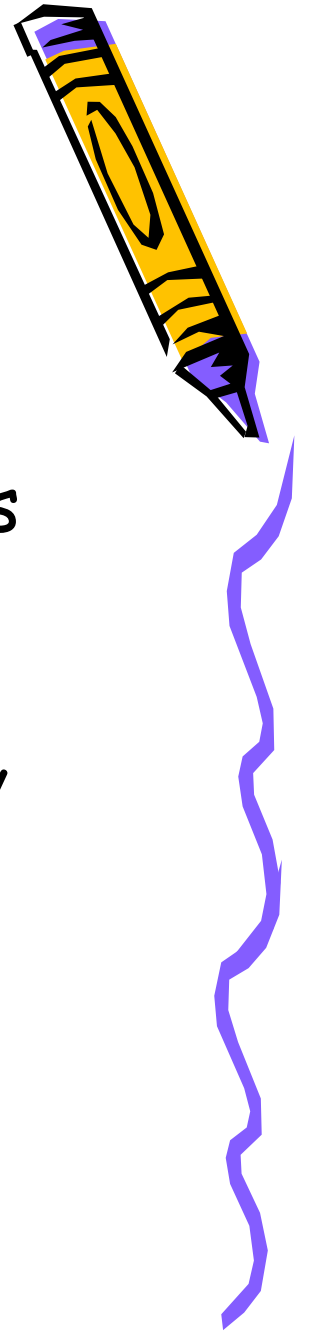


Positioning



Other Intervention Strategies

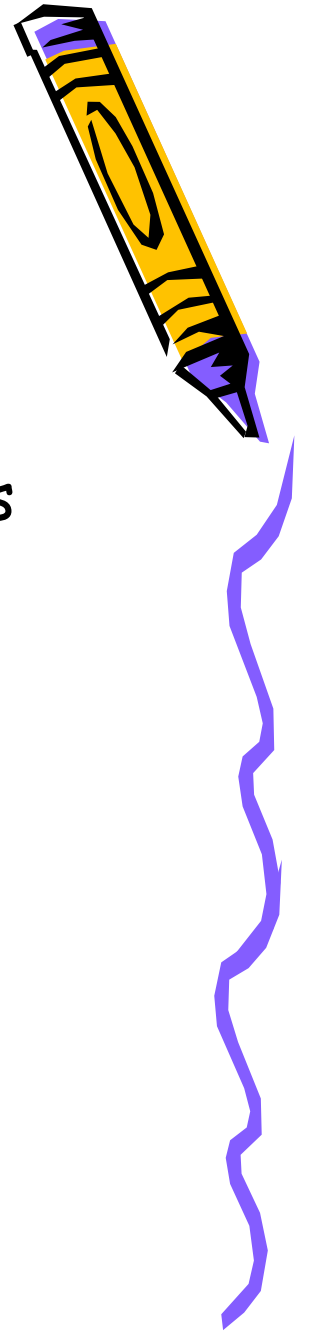
- Oral motor exercises and feeding techniques taught by trained therapists
- Special feeding equipment or utensils recommended by specialists
- Special formulas or diets prescribed by physicians or dietitians.
- Others?



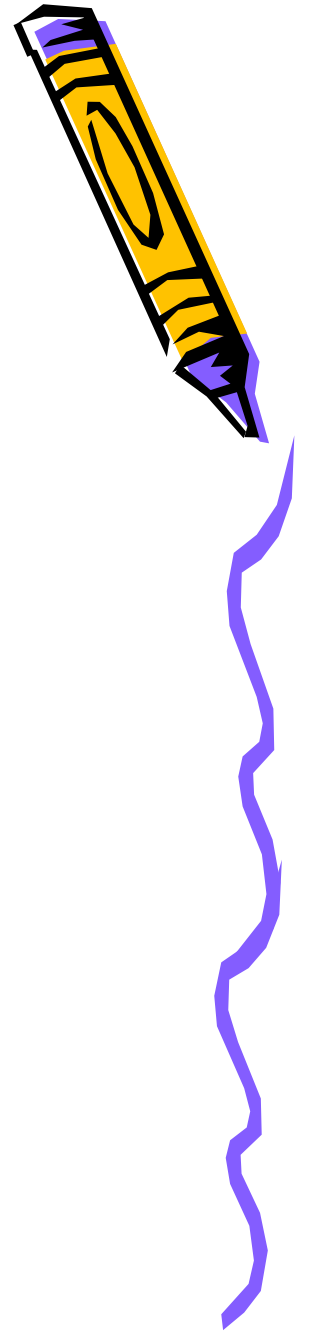
General Outcomes...

- Optimal quality of life for child and family
- Adequate weight gain & growth
- Successful oral feeding in 30 minutes or less
- Improved oral-motor function
- Reduced risk of aspiration
- Reduced tactile defensiveness
- GERD managed to decrease discomfort
- Access to developmentally and culturally appropriate foods

= Eating is fun !



Case Studies



Further Resources

